

A Qualitative Study of the Dementia-Care Experiences and Educational Needs of General Practitioners (GP) and GP Team Members in Lithuania

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BACKGROUND

- Dementia is a growing public health challenge in Lithuania¹. Despite a rapidly ageing population, the country still lacks a national dementia strategy and coordinated post-diagnostic care.
- Primary care is the first point of contact for people with memory concerns, but dementia recognition, care coordination and referral remain fragmented, with limited dementia-specific training and unclear care pathways².
- Lithuanian legislation defines family medicine as multidisciplinary care³. The GP team includes the family physician together with nurses, nurse assistants, medical administrators, lifestyle medicine specialists, physiotherapists, social workers, etc. However, the contribution of this wider team to dementia care remains poorly understood. Their team roles, collaboration and dementia-specific educational needs have not been systematically explored.
- Little is known about how Lithuanian GPs and GP team members experience dementia care and what educational support they need, limiting the development of tailored interprofessional education and integrated dementia care.

Objective

To explore the dementia-care experiences and educational needs of GPs and GP team members in Lithuania in order to inform the co-design of an interprofessional educational programme and strengthen integrated dementia care in primary care.

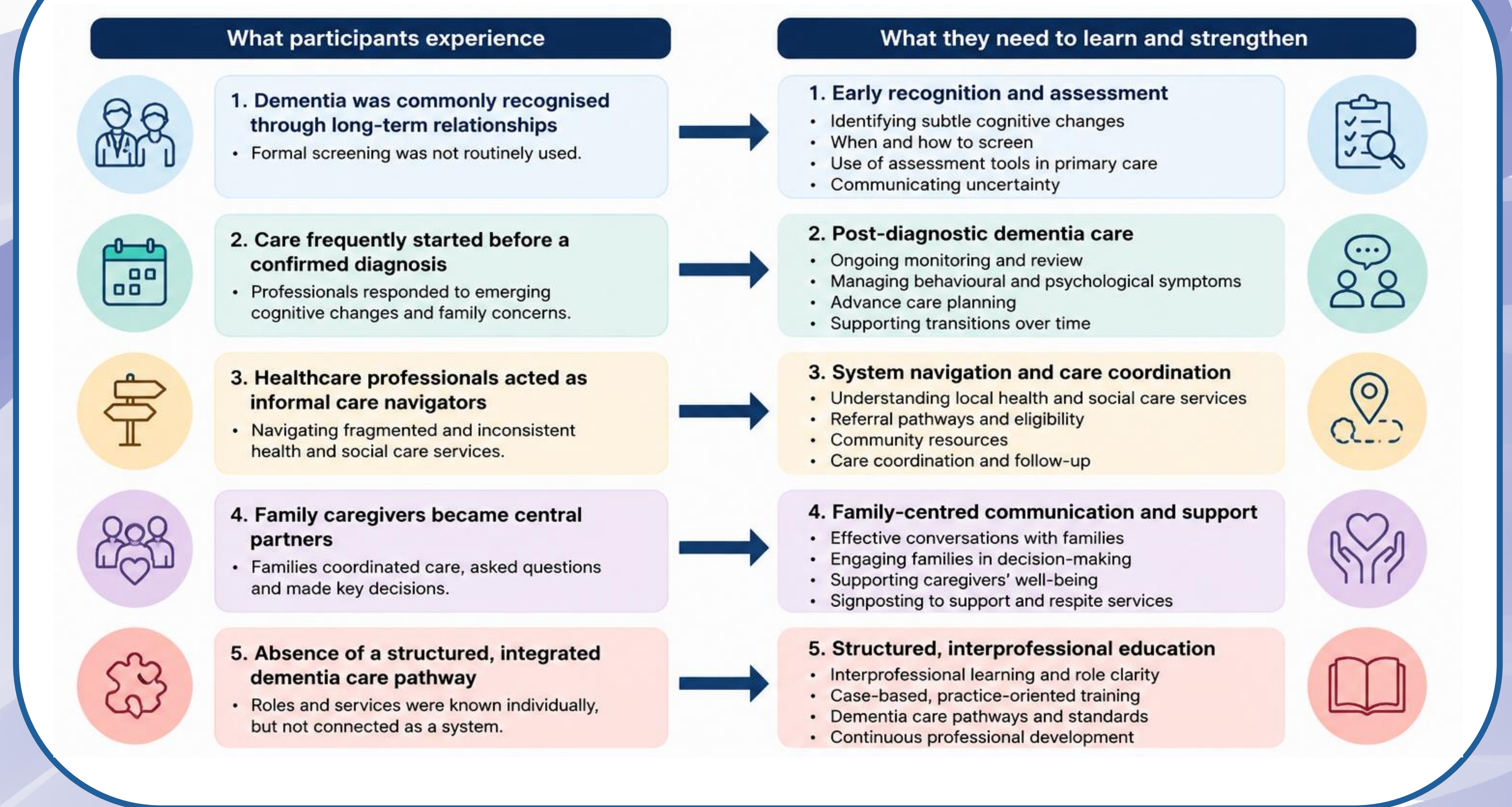
METHODS

Sample. A purposive sample of **14 GPs and 12 members of GP teams** participated in semi-structured interviews.

Data collection. Interviews explored participants' experiences of dementia care in primary care, perceived barriers and facilitators to high-quality care, educational needs, and recommendations for strengthening multidisciplinary dementia care.

Data analysis. Interviews were transcribed verbatim and analysed using reflexive thematic analysis. Two researchers independently coded the transcripts using MAXQDA Analytics Pro 2026. Codes and themes were iteratively refined through collaborative discussion to develop a shared interpretation of the data.

RESULTS



DISCUSSION

- Our findings reinforce international evidence that dementia care in primary care encompasses early recognition, post-diagnostic support, care coordination and family engagement rather than diagnosis alone. Similar educational priorities have been identified across qualitative studies and systematic reviews involving GPs, people living with dementia and family carers^{1,4-5}.
- Participants prioritised practical competencies—including communication, navigation of health and social care services, multidisciplinary teamwork and post-diagnostic care—rather than theoretical knowledge alone. This is consistent with evidence that dementia education is most effective when it is case-based, interactive and co-designed around real-world practice^{1,6}.
- The learning needs identified across different professional groups support international recommendations to extend dementia education to nurses, allied health professionals and non-clinical staff, strengthening role clarity, teamwork and coordinated care^{4,7}.
- Participants' experiences of fragmented care pathways mirror international evidence that educational interventions alone rarely produce sustained improvements unless combined with integrated care pathways, clearly defined professional roles, care coordination mechanisms and decision-support resources^{7,8}.

CONCLUSIONS

1. GPs and GP team members are already performing many functions of integrated dementia care, yet they do so without a formal pathway or clearly defined support structures.
2. Educational interventions should therefore move beyond dementia knowledge alone and focus on strengthening care coordination, interprofessional teamwork, family engagement, and post-diagnostic care within primary healthcare.